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SALTER ON ASTHMA,

8 PAGES.

CLINICS.

CLINICAL LECTURE.

Clinical Lecture on Rheumatic Gout.—By HENRY WM. FULLER, M. D., Physician to St. George's Hospital.

GENTLEMEN: Few diseases are more commonly met with in practice than Rheumatic Gout. Whenever you go into the wards of the hospital you may note it in almost every stage of its progress; you may see patients in whom a slight enlargement of one of the knuckles constitutes its only external manifestation, and others who are thoroughly crippled through its agency, and possess scarcely a sound and servicable joint. It would be difficult, therefore, to occupy our time to-day more profitably than by a brief survey of the history of this disease as illustrated by cases which have come before you, and by an endeavour to point out the nature of the treatment which proves most serviceable in its different varieties.

My views as to the nature of this disease are well known to most of you, and it will be needless therefore for me to state them at length on the present occasion; but I may remind you that my experience induces me to believe that rheumatic gout is a disease *sui generis*—totally distinct from gout, and equally so from rheumatism. Indeed, it appears to me to resemble scrofulous inflammation more nearly than rheumatism in its nature. Call it by whatever name you please—rheumatic gout, rheumatic arthritis, rheumatoid arthritis, or any of its other synonyms; but remember that it has no connection with any other form of so-called rheumatic disorder. As well might you regard measles as identical with scarlatina on the ground of their both being accompanied by an eruption on the skin, as to consider rheumatic gout identical either with gout or rheumatism on account of its being, like those disorders, accompanied by pain and swelling of the joints. Depend upon it, rheumatic gout has a history and

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pathology of its own; and if it is to be treated successfully, its history and pathology must be carefully studied and its treatment conducted accordingly.

Pathological research has shown that in the earliest stages of the disease the capsules of the affected joints are distended with fluid, the synovial membrane is thickened and intensely vascular, and vascular tufts or excrescence exist at the margins of the cartilages; that as the disease progresses the fluid is absorbed, the interarticular fibrocartilages are also absorbed, and eburnation of the articulating surfaces takes place; that the heads of the bones become enlarged and altered in shape by the occurrence of interstitial absorption in some parts and of irregular osseous deposits in others; and that foreign bodies of varying consistence and character are often developed both within and without the joints—bodies which are sometimes cartilaginous, sometimes bony, sometimes attached by longer or shorter pedicles to the synovial membrane or to the ligamentous structures, and at others are loose within the articulation. It has shown that these changes may take place slowly without any general febrile disturbance or any acute local inflammatory action; and, on the other hand, that they may be preceded and accompanied by fever, and by pain, heat, and inflammatory swelling of the parts: that the bursæ and sheaths of tendons in the vicinity of the affected joints are prone to be implicated in the mischief, but that neither in the joints nor in the adjacent bursæ or sheaths of tendons are any of the ordinary products of inflammation found—there is no lymph, and no pus, and no urate of soda, as in gout. In other words, it has shown that the characteristic changes which occur in the joints as the result of rheumatic gout take place independently of active inflammation, and that the acute inflammatory action which sometimes precedes or accompanies these structural changes is simply a complication of the disorder, and by no means necessary to its perfect development.

And what are the conditions under which these structural alterations in the joints occur? They are not met with in the robust or vigorous, in well-fed persons with sound constitutions and sedentary habits; they do not arise, like the deposits of urate of soda in gouty men, in connection with excessive indulgence in the luxuries of the

table, and defective excretion consequent on a diseased condition of the kidneys. On the contrary, they are more common in women than in men; very frequently arise in persons who lead a temperate life, and are small eaters, and never present themselves in persons who are constitutionally sound, unless they have been subjected to some cause of nervous exhaustion and enfeebled health. Their favourite victims are the offspring of consumptive parents, and especially weakly women—women whose constitution is either originally delicate and unsound, or who from some cause or another have fallen into ill health. Amongst men, the most common exciting causes of the disease have appeared to me to be the cachexia which oftentimes follows excessive venery or syphilis, or the sleeplessness and exhaustion consequent on ill-treated gonorrhoeal rheumatism, or the depression resulting from anxiety, or from excessive and long-continued mental exercise, or from over-fatigue or chill in persons of a delicate constitution or scrofulous tendency; whilst in women the disease is often traceable to the cachexia entailed by perversion of the uterine functions. It attacks the girl just arriving at puberty, in whom these functions are ill performed, it invades the stiffening articulations of the woman who has arrived at that time of life which is marked by the cessation of the monthly periods; it shows itself during the state of debility which follows a miscarriage or a difficult or protracted labour, more especially when the labour has been accompanied by flooding; and it is a common sequel of over-long suckling.

But whatever the exciting cause of the disease, its primary or essential cause is the same in all instances; and although we are unable as yet to point out the precise nature of that cause—although we know little of the morbid chemical actions which take place, and are at a loss to account for the peculiarities in the nutrition of the affected parts by which this form of disease is accompanied, it is impossible to doubt the existence of a special form of constitutional disorder. The history of the complaint, its course and symptoms, and its pathological effects, all indicate the agency of some cause distinct from that which occasions gout or rheumatism. Our inability to demonstrate the nature of the chemical changes in the blood, or, in other

words, to prove the formation of a special poison, is not a valid argument against the existence of such a poison. The same line of reasoning would be equally conclusive against the existence of any special form of blood-disorder in smallpox, typhus fever, scarlatina, and pyæmia. The fact is, our means of analysis of organic fluids are at present so imperfect, and we know as yet so little of the influence exerted on the functions of assimilation and excretion by modifications of the nervous power and other similar agencies, that in this, as in other forms of disease, we cannot even offer a reasonable conjecture as to the character of the chemical changes which take place, or as to how those changes are brought about. All that chemistry has as yet enabled us to assert is the bald fact originally pointed out by Dr. Garrod, that the blood in these cases does not, like the blood in gout, contain uric or lithic acid.

Thus, then, as there is no very certain mode of diagnosing this disorder, and as, if it is to be treated successfully, its special character must be recognized early in the attack, I will endeavour to bring before you certain facts which will serve as guides to a correct diagnosis.

I would premise that the disease may make its approach either in an acute or in a chronic form. In the latter case, its true character is not likely to be mistaken; but in the former it often resembles an attack of acute rheumatism so closely as to tax our powers of diagnosis to the utmost. There may be heat of skin and profuse perspiration, furring of the tongue, loading of the urine, acceleration of the pulse, and pain, redness, and swelling of the affected joints—symptoms which, to a greater or less degree, are always attendant on acute rheumatism. But even from the first there are certain peculiarities which ought to excite suspicion as to its nature. The skin, though hot, is less so than in acute rheumatism; the perspiration does not possess the peculiar rheumatic odour in any marked degree; the pulse, though quick, is feeble; the tongue is usually less furred; and the local pain and swelling are seldom confined to the knees and other larger joints, but invade the wrists and small joints of the fingers; they are more persistent than the inflammatory swellings of true rheumatism, and they attack a larger number of joints simultaneously.

If the true character of the disorder is overlooked at the first, a few days' observation at the bedside ought to rectify the diagnosis. The symptoms rarely yield to alkalies; the tongue cleans, the heat of the skin subsides, and any slight odour which may have attended the perspiration speedily disappears; but the skin remains constantly bedewed with moisture, and becomes daily more flaccid and less elastic, the pulse gets weaker, and the pain and swelling of the smaller joints assume a more prominent aspect. The inflammation, however, though continuing so obstinately, is not so acute, and does not appear to threaten the integrity of the joint, as true rheumatic inflammation does under similar circumstances. When true rheumatism fixes obstinately on a joint, the fear of permanent mischief and ankylosis of the joint at once presents itself to the mind. The inflammation of the other joints subsides, but the pain and swelling in the one joint increase daily; and it is obvious to the merest tyro in medicine that if that joint be not kept motionless, and leeches, blisters, and fomentations, or mercurial ointment applied, ankylosis of the joint is the most favourable issue which can be expected. But it is otherwise in respect to the inflammation of the joints which accompanies rheumatic gout. Rarely, indeed, in the acute form of the disease, is the inflammation confined to one joint; on the contrary, three or four, or even a larger number, of the joints remain affected throughout. There is not the same heat, or redness, or tenderness of the affected joints; the fear of adhesive or suppurative mischief does not arise; the application of a splint, and of leeches and blisters, does not suggest itself; and although the joints may remain permanently enlarged and distorted, they do not become ankylosed.

When the disease makes its approach more slowly, and assumes from the first a non-acute or chronic form, its features are much more distinctive. The patient feels weak, languid, and uncomfortable; she is oftentimes chilly, but nevertheless perspires on the slightest exertion; the appetite is capricious, the pulse feeble, the urine often pale and clear, and the spirits are much depressed. Up to this time probably there may have been no swelling of the joints, and possibly no wandering pains in the limbs, so that no suspicion is entertained as to the nature of the impending

mischief. The ill-health is attributed to the effect of a mercurial course, to the drain resulting from an excessive flow of the monthly courses, to profuse leucorrhœa, to amenorrhœa, or to one of the many causes which are productive of ill-health, and which may have been present in the particular case in question. But after a longer or shorter period, some pain or stiffness is perceived in one or more of the joints. Not unfrequently a knuckle becomes stiff and swollen for weeks or months before any other joint is affected; and even though the knees or other of the larger joints be enlarged, the knuckles rarely escape. They are seldom red, inflamed, or very tender to the touch; on the contrary, they are relieved by gentle friction, and will often derive benefit even from tolerably active rubbing. Effusion within the joint is the principal cause of their enlargement; but the bursæ and sheaths of tendons around the joint are also implicated, and are felt as circumscribed swellings. Moreover, the mischief is seldom confined to the immediate vicinity of the joints, but the sheaths of tendons may be felt hard and swollen in the palms of the hands and in other parts more or less remote from the primary seat of inflammation.

In the more advanced stages of the chronic form of the disorder, the peculiarities of the case become even more apparent. Depression of spirits is a prominent symptom; the constant clammy moistness of the skin is quite characteristic; the extraordinary number of the joints implicated in the mischief is unlike what is observed in any variety of true rheumatism; and the form of the articular swelling is such as cannot possibly be confounded with the effects of rheumatism. It is obviously due, in great measure at least, to enlargement of the extremities of the bones themselves, and not merely to effusion within their capsules, or to the thickening of the surrounding structures. Thus a material alteration occurs in the form, and oftentimes in the direction of the joints. The fingers, for instance, are drawn towards the ulnar or outside of the hand, and take a permanently oblique direction; whilst the enlarged and partly dislocated extremities of the bones, more especially of the metacarpal bones, project in every variety of form, and constitute the nodosities which have been described by Dr. Haggarth in his *Clinical History of Disease*.

Thus, then, to sum up the principal facts which have a practical bearing on the treatment of the disease, it may be stated; 1st. That the malady originates in mal-nutrition, resulting not unfrequently from some hereditary infirmity of constitution, but sometimes in connection with cachexia induced by a variety of causes which exhaust the nervous system. 2d. That the local changes to which it gives rise are essentially distinct from those produced by active inflammation, and more nearly resemble the results which might be expected from a slow perversion of nutrition; indeed, a similar tendency to the formation of exuberant osseous growths around the joints whilst the articular textures within are suffering destruction and decay is observed in malignant disease of the joints, and in various strumous affections of the joints, both of which are connected with a constitutional taint. 3d. That, whether in an acute or in a chronic form, the malady is one and the same, due to the same cause, connected with a similar failure of tone in the system, and productive of similar changes in the joints; the only difference observable between the results in the acute and chronic cases respectively being that in the former they occur more rapidly than in the latter.

If this view as to the nature of the disorder is correct—and its whole history leaves little room for doubt on the matter—it follows that any treatment to be successful must have for its object the sustentation of the general health and the restoration of tone to the system. Whilst this is being effected, means may be taken to subdue the local irritation of the joints, and thus to mitigate our patient's suffering; but the primary object must be to improve the health, and so to check the continuance of those actions on which the enlargement and distortion of the joints depend. The remedies which are most serviceable in rheumatism and gout are of little avail in this form of disease. Colchicum, iodide of potassium, guaiacum, hot baths, vapour baths, and other similar remedies, if prescribed with a view to eradicate the disease, prove mischievous rather than beneficial. They depress and enervate the patient, who is already low and exhausted; and thus they serve to establish the disorder which they were given expressly to get rid of it. In private no less than in hospital practice the mischievous results which follow this

mode of treatment almost daily force themselves on my attention. In short, if the remedies above named are to be employed at all in the treatment of rheumatic gout, they should be used cautiously as alteratives in conjunction with tonics, and should not be administered as agents to be relied upon for the cure of the disease. The more I have seen of this form of the disorder, the more thoroughly have I discarded the views which, in common with other medical men, I formerly entertained respecting its treatment, and the more completely have I learned to trust to tonics and occasional alteratives. In the acute stage of the disorder it may be necessary for a few days to administer alkalies and alterative doses of blue-pill or calomel, and to restrict the diet to broth, or beef-tea; but when once the true nature of the malady has declared itself, I believe that in the majority of instances the more successful plan, notwithstanding the acute character of the symptoms, is to administer bark or quinine in combination with small doses of alkalies, and as soon as possible to interpose and check the continuance of the enfeebling clammy perspiration by means of a cold shower-bath or the dripping-sheet. Indeed, whether the disease be in an acute or in a chronic form, the general state of the system and the ever-varying condition of the secretions are the only rational guides to treatment. If, as often happens when the disease is chronic, the secretions are tolerably regular and healthy, if the bowels are acting daily and the alvine dejections are of a natural colour, if the urine is clear and remains so on cooling, and if the skin is neither dry nor damp and clammy, the most effectual remedies are bark, quinia, strychnia, iron in its different forms, cantharides, arnica, sarsaparilla, the mineral acids, and cod-liver oil; and they must be given in doses proportioned to the amount of depression they have to counteract; further, their action must be assisted by fresh air and exercise, change of scene, and a generous diet: meat twice or three times daily, with a full allowance of porter or ale, and wine, are essential adjuncts to the treatment. On the other hand, if the motions are pale, calomel or blue pill must be given as alteratives; if the urine is loaded with lithates, and the bowels are torpid, these secretions must be regulated in the ordinary way by the exhibition of purgatives and alkalies; the diet at the same time must be

more or less restricted, and malt liquor prohibited. But even in these cases care must be taken not to depress the patient; and while brandy, or gin, or whiskey is substituted for the malt liquor and wine, an endeavour should be made to discover some nutritious food which the patient can digest and assimilate. If the skin is clammy, and the shock of cold water is followed by reaction and warmth of the surface, a cold shower-bath or the dripping sheet should be employed daily, for nothing tends so powerfully to stimulate the capillary circulation, and restore the tone of the system.

Let me cite a few cases in illustration of these facts. S. H—, a pale delicate woman, aged thirty-six, was admitted into the Holland ward on July 25th. She had been attacked five years previously with wandering pains in the limbs, and symptoms resembling rheumatic fever. The ankles, wrists, hands, and shoulders were the parts principally affected, and became greatly swollen, stiff, and painful. She underwent medical treatment for some months, and had a succession of hot-air baths without relief, and from that time to the present she has been utterly incapable of following her occupation as a cook. There was no inherited disposition either to gout or rheumatism, but her mother and two of her sisters had died of consumption, and she had lost a brother by diabetes. At the time of her attack she had been overworked, and felt more than usually languid and unequal to exertion.

On admission her complexion was pale and delicate, but her cheeks were coloured by the presence of dilated capillaries; her flesh was soft and flabby; the skin was warm, and usually covered with a clammy perspiration; the pulse was eighty-four, weak; the tongue was coated; the urine clear, acid, sp. gr. 1016, and free from albumen; the bowels were reported open, and the catamenia regular. Her appetite was indifferent. The wrists and several of the small joints of the fingers were much swollen and distorted, and several bursæ and sheaths of tendons in the vicinity of the wrists were enlarged, forming circumscribed swellings; the ankles also were greatly swollen, and were so weak that she could scarcely hobble across the room. The pains prevented her obtaining a due amount of rest at night. She told us that

she always felt better, and suffered less from pains in the joints, in cold weather than in warm. Having regard to her pallor, the flabbiness of her flesh, and to the healthy condition of her secretions, I determined to administer iron, and to employ a decidedly tonic plan of treatment. Accordingly I gave her meat and a pint of porter for her dinner, and prescribed half an ounce of cod-liver oil to be taken three times daily in conjunction with the following draught: Syrup of iodide of iron, a drachm and a half; iodide of potassium, six grains; infusion of quassia, an ounce. A pill, containing colocynth and calomel, was also ordered to be taken occasionally, with a view to stimulate the chylopoietic viscera, and maintain a free action of the liver, and a cold shower-bath was given every morning. She was also directed to rub daily into the affected joints an ointment composed of four grains of bichloride of mercury, half an ounce of the compound iodine ointment, and an ounce of lard; and with a view to stimulate and strengthen the ankles, a douche of cold water was applied to them for the space of ten minutes every morning, and while they were wet they were rubbed with the naked hand until warmth had been restored to them, and a glow had diffused itself over the surface. At first the oil did not suit her stomach, and she complained of nausea and sick-headache, so that it was found necessary to administer a few of the pills, and to omit one of the doses of oil daily; but in the course of a few days she ceased to experience any inconvenience from the oil, and was able to take it as ordered, three times in the twenty-four hours. The improvement which resulted was most satisfactory. Before the expiration of a fortnight the appetite had improved; the clammy sweats had well nigh ceased; the pains in the limbs had so far subsided that she was not disturbed by them at night; the swelling of the joints had decreased considerably, and the ankles were so much stronger that she was able to walk without much difficulty. From this time the symptoms steadily improved, and on the 12th of August, when she was made outpatient, she stated that she was in better condition, and had more power and less swelling in her joints, than she had had for the space of two years.

Now there are one or two points suggested by this case on which I would give you a

few practical hints. In the first place, you will always do well to inquire whether your patient ordinarily enjoys better health in winter or in summer, in cold weather or in warm—as the reply you obtain will serve as a tolerably trustworthy criterion as to whether she is likely to be benefited by cold water. When a patient who is suffering from rheumatic gout, tells you that she is usually stronger and more vigorous in cold weather than in hot, you may confidently recommend the daily use of a shower bath. It will brace and stimulate her, and will contribute as largely to her recovery as any medicine you can administer internally. There is nothing more remarkable in the whole range of the therapeutics than the rapidity of the improvement sometimes observed under the influence of this remedy. Even when a patient tells you that she is not much affected by temperature, but that she is often chilly, and dreads cold water, I would urge you not to be deterred from having recourse to its assistance. The chilliness in such a case is dependent on the vitiated condition of her blood, and not on any innate delicacy or any deficiency in her power of resistance to cold: consequently the shower-bath by imparting a stimulus to the system, will conduce to the better performance of the various functions of the body, and so to an improvement in the condition and circulation of the blood, and to a cessation of the sense of chilliness. If you are not consulted until the patient has been greatly reduced by illness, and has a feeble pulse, and scarcely sufficient power to enable her to rally from the shock of the shower-bath, you may order the dripping-sheet, as you have seen me do, with excellent results, under similar circumstances. The shock is somewhat less, and so also is the chilling effect on the system. But I would have you bear in mind that it is impossible *a priori* to determine whether reaction will take place after the shock of cold water. Sometimes a person whose circulation is so weak as to render it improbable that she would be able to withstand it, will feel refreshed and invigorated by it, and will glow with warmth in a few minutes afterwards; whereas another person, apparently stronger and less reduced by illness, will be chilled and exhausted by it, and will suffer from cold the whole day. One or two trials, however, will settle this question, and the bath is such an important

agent in the treatment of these cases, that the matter ought never to be allowed to remain undecided. The only cases in which its effect is doubtful are those in which the patients, even when in health, were always better in summer than in winter, and have always suffered from cold. In these cases, if the clamminess of the skin appears to require the use of the cold shower-bath, a small quantity only of cold water should be employed. The patient, when taking it, should stand in hot water, and a cotton sheet should be thrown round her as soon as she steps out of the bath. With these precautions there are few persons who cannot withstand the shock of the water, and as few who will not benefit by it.

Another point is relative to the use of a cold douche, and the means of obtaining one. A few jugs of water poured on the affected joint are of little or no service in these cases: the force of the water is not sufficiently great, nor is its action sufficiently sustained. In none of the London or provincial general hospitals with which I am acquainted, nor in most of the towns in the United Kingdom, is a good douche-bath to be found, and, therefore, if we wish to avail ourselves of this valuable agent in the treatment of stiffened joints, we must either send our patients to a hydropathic establishment, where this species of bath is admirably arranged, or extemporize one for ourselves at the residences of our patients. Fortunately it is not difficult in most houses to arrange an efficient douche-bath for the knees and ankles—the parts to which this description of bath is specially applicable. All that is required is a large tap, communicating with a cistern of water placed at a considerable elevation above it. Two yards of India rubber tubing affixed to the tap will suffice to carry the stream of water towards the affected joint, and a large empty bath will receive it as it flows. You may think this is a trivial matter for me to dilate upon, but if you are really in earnest at your work, and are aiming at the attainment of proficiency in relieving human suffering, you will not despise the smallest matters which can contribute towards the object you have in view.

One word as to this woman's family history. At the beginning of the lecture I told you that rheumatic gout is very prone to show itself in the offspring of consumptive parents. I may go further, and tell you

that since I have had my attention directed to this point I have traced a consumptive tendency in no less than thirty-five out of 173 cases which have come under my observation, or, in other words, in one out of every 4.9 patients; and that if I limit the results of my inquiry to private patients, from whom it is much easier to obtain reliable information respecting their family ailments, the ratio rises to one in every 2.8 cases. In the case of S. H.—the consumptive tendency was strongly developed in her family, for her mother and two sisters had died of phthisis, and a brother had died of diabetes, a disease very closely allied to phthisis. In several other cases which have come under my notice I have found phthisis, diabetes, and rheumatic gout associated in the same family, and although it may be difficult to point out the precise nature of the connection subsisting between them, it is certainly a significant and important fact in reference to the treatment of rheumatic gout that such a connection exists. In a pathological point of view it is also of importance, as serving to strengthen the opinion which I gave at the commencement of the lecture, that the structural changes in the bones produced by rheumatic gout are closely allied to those which result from scrofulous inflammation.

I will now call your attention to the case of E. F.—, a single woman, aged twenty-nine, who was admitted into the Holland ward on October 17th. She had suffered four years from rheumatic gout, affecting the ankles, wrists, and the small joints of the hands. She had taken two courses of hot baths, and had otherwise undergone treatment, without relief. Within the last three months the symptoms had rapidly increased in severity, and she was therefore induced to apply at the hospital. There was no consumption in her family, and she attributed the failure of her health to overwork at her occupation as a needlewoman. She had usually enjoyed better health in summer than in winter. On admission, the capillaries of the face were dilated and injected, so that to the careless observer she might have appeared to bear the ruddy hue of health; the skin was cool and clammy; tongue clean; urine clear, acid, and not albuminous; the bowels were moved daily; the catamenia were reported regular; the pulse was weak; the appetite good, but she had been living lately on

scanty diet. I ordered meat and a pint of porter for her dinner, and prescribed the following remedies: namely, a cold shower bath every morning, a pill containing a grain and a half of the extract of nuxvomica, and the same quantity of compound rhubarb pill each night at bedtime, and a cinchona draught three times daily, to which were added twenty-five minims of the tincture of arnica, and ten minims of nitro-hydrochloric acid. On the 20th, she told us that the joints were less stiff than on admission, but that there was not a full reaction after the bath, and that she felt generally uncomfortable; her urine had become acid, and contained a deposit of lithates. Therefore, while the pill was continued as before, the bath was omitted; half a drachm of the bicarbonate of potash, and a drachm of the ammoniated tincture of guaiacum were substituted for the mineral acid in the draught; and half an ounce of cod-liver oil was ordered to be taken with each dose. Within three days she felt better in every respect; the urine had become natural, the pains had decreased; and she was made an out-patient at her own request on the 24th.

The general features of this case very closely resemble those of S. H—, except in the fact that the patient usually enjoyed better health in warm weather than in cold, and that under the use of the remedies first prescribed, the urine became loaded with lithates, and a sense of general discomfort was experienced. My object in citing the case is to make it the text of a few practical remarks. There could not be a doubt as to the necessity for a tonic sustaining plan of treatment; but it did admit of question as to the precise remedies which should be employed. The clammy moisture on the skin seemed to call for the bracing influence of cold water, and, together with the general want of tone in the system rendered it likely that the mineral acids might be of service. But the chilliness and the sense of general discomfort which ensued after the bath, made it manifest that the patient did not possess sufficient vigour to withstand the shock of the cold water, which, therefore, depressed instead of stimulating and bracing her; whilst the deposit of lithates in the urine, which was observed on the third day of the treatment, rendered it probable that the mineral acids did not agree. Possibly the turbidity of

the urine may have been attributable to the disturbance consequent on the chilliness induced by the bath, and that had I omitted the bath, and continued the acids, the urinary secretion would have reassumed its normal appearance in a few days. Under the circumstances, however, I deemed it more prudent to omit both the bath and the acids, and to have recourse to the warmth-imparting power of cod-liver oil in aid of the other remedies. My intention was to have ordered a tepid shower-bath at a future time, and once again to have made trial of the mineral acids; but family matters induced her to leave the hospital before I had the opportunity of doing so, and it is therefore uncertain how far they would have suited her. I would have you remember, however, that a tepid shower-bath is sometimes useful when a cold bath cannot be borne; and, on the other hand, that in cases in which a full reaction ensues after a cold shower-bath, no benefit is derivable from tepid water. I urge this upon you the more earnestly because in private practice you will be constantly appealed to for permission to use a tepid instead of a cold shower-bath, and if you yield to the entreaty in cases in which the constitution is vigorous enough to withstand the shock of cold water, your patient will not realize the benefit you had anticipated from your prescription. In regard to the administration of the mineral acids, there are two points to which I would direct your attention: the first is the dose in which they are prescribed; the second is the information respecting the propriety of their exhibition derivable from the condition of the urine. My own observation leads me to place very great reliance on the mineral acids in this and in other diseases of an atonic character; but it also induces me to believe that the doses in which they are usually given do not afford us all the benefit obtainable from them. I have often derived great assistance from full doses of the acids in cases in which smaller doses had been fruitlessly administered, and my conviction is, that in the majority of cases, they must be given in from six to ten minim doses, if we wish to obtain any manifest assistance from them in cases of a seriously atonic character. Further, I am satisfied that in cases of rheumatic gout, turbidity of the urine is not a bar to their administration. When urine, previously clear, becomes turbid, and de-

posita lithates, as in the case of E. F—, it is usually prudent to suspend their administration, the more so if symptoms of dyspepsia present themselves. But in cases in which the urine is habitually turbid, and in which the liver and bowels are acting regularly, and the turbidity of the urine appears to be connected with want of tone in the stomach, and consequent imperfect assimilation, I know of no remedy more generally serviceable. Oftentimes the urine clears under their influence within a few days, and even when an alteration is not observed so speedily, it usually takes place after a longer period, as the powers of assimilation improve. In cases in which the urine is habitually clear and pale, the exhibition of the acids is almost indispensable.

Before quitting the subject of rheumatic gout, I will briefly refer to the case of J. B—, aged forty-four, who was admitted on the 19th of September into Princess ward. This woman had suffered from rheumatic gout above two years, and there were few parts of her body which had not been affected. Her feet, knees, and shoulders, neck, jaws, wrists, and hands, had all been implicated since the commencement of the attack: but the parts in which pain, and stiffness, and swelling were persistent were the wrists and the small joints of the fingers. She would not admit any hereditary tendency either to gout, rheumatism, or consumption; but stated that she had been delicate and nervous from childhood, and since the commencement of her illness had suffered fearfully from depression of spirits. She generally felt stronger in cold weather than in warm. Though a married woman, she had never borne a child. When she came under my care, the complexion was generally pale, though her cheeks flushed on the slightest occasion; her skin was warm, and moist, and clammy, and her flesh flabby; the tongue was clean; the urine abundant, clear, acid, free from albumen, specific gravity 1019; the pulse 96, weak, and the appetite good. The bowels acted daily, and the catamenia were quite regular. I ordered her meat and porter for her dinner, and a cold shower-bath every morning, and three times a day she took a cinchona draught, containing a sixteenth of a grain of strychnia, ten minims of nitro-hydrochloric acid, and half a drachm of chloric ether.

On the 25th, she told us that she seemed to be gaining strength daily, and that the pains in the limbs were less severe; but her bowels had become costive, and she was therefore ordered three grains of compound rhubarb pill each night at bedtime. On the 10th of October, as she was languid and depressed, and still very pale, the cinchona draught was omitted, and the following was substituted for it—viz., syrup of iodide of iron, one drachm; iodide of potassium, eight grains; infusion of quassia, seven drachms; cod-liver oil, half an ounce. This she continued to take until she was made out-patient on the 17th.

The improvement in this case was less marked than in those previously referred to, though it was as great perhaps as could have been expected in the short space of four weeks in a person constitutionally and physically delicate, and so seriously depressed in health and spirits as our patient was on admission. My principal object in directing your attention to it is to give you a hint as to the administration of strychnia in cases characterized by depression of spirits. In the whole catalogue of the Pharmacopœia I know of no remedy equal to strychnia as a tonic when the nervous system is unduly depressed, and the patient is nervous and low-spirited. Its value in cases of rheumatic gout, in which these symptoms are often very distressing, can scarcely be over-estimated; for it certainly produces effects which you may seek in vain from quinia and other vegetable bitters. It seems to rouse and invigorate the patient by stimulating the nervous system, and thus indirectly promoting increased activity of the various functions of the body. Be this as it may, you will do well to remember that when a patient is suffering from depression of spirits and nervous exhaustion, strychnia will often furnish very valuable assistance.

One word before we part as to the administration of malt liquor and alcoholic stimulants. In all the three cases to which I have directed your attention to-day, a pint of porter was given daily. This is contrary to the generally received opinion respecting the action of malt liquor in rheumatism; for I find that in almost every case which comes under my observation beer of all kinds has been strictly prohibited. Experience, however, has shown me that in cases of rheumatic gout, malt liquor is

usually serviceable, provided only that the kidneys are acting freely and the urine is clear. When the urine is scanty or turbid, beer is apt to disagree and heat the patient, and therefore should be prohibited. But even under these circumstances some alcoholic stimulant is needed to sustain the patient's strength, and so to promote the due performance of her functions; and nothing answers better than brandy, gin, or whiskey. If the patient evinces a strong repugnance to spirits, some dry sherry, or claret, or Rhine wine may be tried in conjunction with potash or soda water; but in most instances in which malt liquor disagrees, the administration of wine will prove unsatisfactory, and brandy or some other spirit must be prescribed.—*Lancet*, Sept. 23, 1863.

HOSPITAL NOTES AND GLEANINGS.

Whooping-Cough treated with Bromide of Ammonium.—It must still be fresh in the memory of our readers that Dr. Gibb discovered in the bromide of ammonium a most valuable pharyngeal and laryngeal anæsthetic, and it is this special character of the remedy which Dr. HARLEY has endeavoured to turn to useful practical account in the treatment of pertussis. During the last six months, a very great number of children have suffered from whooping-cough; and every general practitioner, as well as hospital physician, knows that the success in the treatment of this troublesome affection has not at all been in proportion to our experience of the disease. Indeed, as Dr. Harley in his clinical remarks observed, there are few diseases the diagnosis of which is so easy, the pathology so obscure, and the treatment so uncertain, as those of common whooping-cough. Specifics in abundance have been at various times proposed; but one after another, after a year or two's trial, has gradually fallen into disrepute. Although the pathology of whooping-cough is still very obscure, one thing, Dr. Harley says, is evident—namely, that the exciting cause of the whoop is the reflex irritation of the branches of the pneumogastric nerves. The pneumogastric nerves supply the glottis by means of their recurrent, the lungs by their pulmonary, the stomach by their gastric, and the diaphragm by their diaphragmatic branches; and let the nerve-irritation originate where

it may, one thing at least is clear—namely, that the immediate result is spasmodic action of all the parts supplied by the vagi. Thus it is we have the violent expulsive cough, followed by the spasmodic constriction of the glottis, impeding the free return of air to the lungs, and thereby producing the peculiar sound from which the disease takes its name. Next we have the spasmodic action of the stomach inducing vomiting, and that again is aided by the convulsive contractions of the diaphragmatic muscles. Such being Dr. Harley's views, his object in giving bromide of ammonium was to induce, if not semi-paralysis, at least partial insensibility of the glottis, and thereby, if possible, prevent the occurrence of the spasm, which is undoubtedly the chief source of misery during the attack. His method of treatment is as follows:—

CASE 1.—February 9, 1863. Eliza F—, a tolerably well-developed child, aged eighteen months, who had whooped for eight days, was first treated with five minims of tincture of belladonna, and a quarter of a grain of sulphate of zinc in two drachms of water thrice a day.

16th. Cough just as before. There is a dryness of the throat, showing that the belladonna has produced its specific effect. The treatment is now (on the fifteenth day of the disease) to be changed to five grains of the bromide of ammonium dissolved in water, three times a day.

19th. Cough, or rather the whoop, is already much better. To repeat the mixture.

17th. The child no longer whoops, but still has a slight cold.

The bronchitic cough lasted till the 20th of March, when the child was dismissed as cured.

CASE 2.—Ellen S—, aged four years and four months, was brought to the hospital on the 5th of May. She had whooped during seven weeks, and had an ordinary catarrhal cough for fourteen days before the whoop commenced. She now whoops every time she coughs, which occurs about three or four times an hour, although she occasionally passes about an hour without coughing. The child was very stout before her illness began, and, although she is not yet emaciated, the mother says that she has lost a great deal of flesh. Skin hot; appetite very bad; bowels usually open

twice a day. To have six grains of bromide of ammonium in two drachms of water three times a day.

May 8. To-day the mother states that after leaving the hospital on the 5th she carefully watched the child, and found that she whooped thirty-two times in three hours; but since taking the medicine the whoop has very much diminished, and to-day (third day of the bromide) the child has passed three hours without either coughing or whooping. To repeat the mixture.

This patient was not again brought to the hospital.

CASE 3.—February 25. H. W. O—, aged four years began to whoop on the 22d (four days ago). Had a catarrhal cough for ten days before he began to whoop. To take six grains of the bromide of ammonium in two drachms of water three times a day.

March 2. The child has very much improved. Has only a very slight cough. The whoop has ceased. This is only the fourth day of the treatment, and the eighth of the disease.

CASE 4.—March 2. Brother (aged two years?) of last patient is now ill. He began to whoop on Feb. 25th (six days ago). He is also to be treated with the same medicine; but in order to try the effect of very small doses, only one grain and a half are to be taken thrice a day.

March 20. Child still whoops, though not so much as before.

27th. Whoop ceased two days ago (twenty-fifth day of treatment, thirty-first day of the disease).

CASE 5.—March 27. Third child (aged three years) in same family began to whoop on March 22d (five days ago). Whoops three or four times a day, and four or five times during the night. As this child was under the same hygienic condition as the two preceding cases, it was thought an excellent opportunity of still further testing the effects of different doses of the bromide, and accordingly three grains were ordered to be taken three times a day.

May 1. The mother did not bring the child back till to-day, and gave as her reason the fact of the child having ceased to whoop three weeks ago; that is on the fourteenth day of the treatment, and the nineteenth of the disease. The catarrhal cough, however, still continued, and for

this ipecacuanha wine and camphor mixture were ordered. The cough ceased a week later.

Dr. Harley remarked to the students that the remedy does not appear to act by removing the cough, but simply by preventing the occurrence of its chief and most disagreeable symptom—the whoop. It also appears that the larger the dose of the bromide, the more speedy is the cure. To remove the catarrhal after-cough, an ordinary expectorant is all that is required.

Other six cases of whooping-cough were treated with the bromide; but as their histories are imperfect, we need not give them. The results of the preceding five cases are so encouraging, that it is to be hoped other gentlemen will follow Dr. Harley's example, and give the bromide of ammonium a fair trial.—*Lancet*, Sept. 26, 1863.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Death Resulting from the Use of Chloroform during Labour.—By O. D. POMEROY, M. D., of New York. I was called to attend Mrs. C., aged 40, in labour with her tenth child; nine children living. The pains becoming very severe I administered chloroform, avoiding a full anæsthetic effect, in the mean time labour terminating favourably. There was no cough or any unusual symptoms until the patient began to return to consciousness, a period of about half an hour from the commencement of the inhalation. She then had signs of irritation of the air passages, as evinced by a few moist râles. An opiate was administered, with the hope that this state of things would disappear; this being being about 11 P. M. At ten next morning I was summoned in haste to her bedside, and found her breathing with great difficulty; mucous râles were heard throughout the lungs; pulse feeble, with other signs of sinking. Brandy was freely administered, and, after rallying a little, an emetic was given, with the view of relieving the accumulation in the bronchial tubes. It produced no effect, however, beyond a slight emesis. She died in ten or fifteen minutes after. The chloroform was obtained of a reliable druggist, and was manufactured by one of our most respectable chemists.

Upon inquiry of the manufacturers I found that a short time previous (1861) their chloroform was made by a different process, as it was found to be of greater purity. This, however, showed a tendency to decompose upon exposure to the air, giving off free chlorine. At once all in the market which could be found was recalled.

There was no post-mortem, as the friends would not have permitted it had I requested it. All the vital organs, however, seemed normal, and I was unable to assign any other cause of death but the inhalation of the chloroform.—*Amer. Med. Times.*, Nov. 14, 1863.

Retreat for Intemperate Women.—The subject of the following article, which we copy from the *Boston Medical and Surgical Journal*, is one of great importance, and has high claims to the attention and sympathy of the philanthropist and physician. We trust that the enterprise now commenced in Massachusetts will meet the success it so well deserves and also rouse the benevolent in our State, and indeed every other one in the Union, to inaugurate a similar institution.

"The necessity of making some special provision for the victims of intemperance, partly for the benefit of the individual and partly for that of the community, is beginning to attract general attention, and the subject, in its various bearings, has been brought before the Massachusetts State Board of Commissioners on Insanity, as among the matters deserving their serious consideration.

"Aside from the question of establishing a public asylum for inebriates, the advantages of which would be more naturally confined to the middle and lower classes, it appears that there is as yet in New England no place of refuge for intemperate women of good social position except the public and private lunatic asylums, which are unfitted, in the almost unanimous opinion of their superintendents, for the reception of such cases; at many asylums, indeed, admittance being refused to them, alike in justice to the other patients and to the inebriates themselves. The number of applications at the New York General Asylum at Binghamton far exceeds the possible capacity of the building, while the Washingtonian Home in Boston, whose influence for good is already so extended, is for men alone.

"In accordance with this apparent want, arrangements have been made by which there will be afforded to a limited number of self-indulgent women, whether addicted to opiates or stimulants, the necessary elements for their cure; namely, voluntary seclusion from temptation, the strictest privacy if desired, a location in the immediate vicinity of the city and yet unrivalled for purity of atmosphere and beauty of scenery. The house selected for the purpose is one constructed with especial reference to a comfortable residence during the winter; attendants will be provided of unexceptionable character, and but few patients will at present be received. For further information application may be made to the Secretary of the Commission, Dr. H. R. Storer, at Hotel Pelham, Boston."

The Sanitary Commission Bulletin—This is the title of a publication, the first number of which has just appeared and which is to be hereafter issued on the 1st and 15th of each month. It is designed to be the organ of the U. S. Sanitary Commission, one of the most remarkable, widely useful, and purely benevolent associations that has ever been instituted. It will furnish information as to the sanitary condition of our armies and as to the safest and wisest means of applying the gifts of the people to the relief of our soldiers. The Bulletin will also contain all information necessary to soldiers or to soldiers' families; who are entitled to bounties and pensions, and how to procure them at the least expense, and with the most certainty; how furloughs are obtained; how our prisoners of war in the hands of the enemy may be communicated with; how to get convalescents or sick men home; &c. &c.

The office of publication is 823 Broadway, New York City, and the subscription price is two dollars per annum.

Dutch Translation of Prof. Gross' Surgery.—We have had an opportunity of examining the first volume of Dr. J. D. Sachse's translation of Prof. Gross' Surgery, published at Nieuwediep the present year. This volume constitutes one-fourth of the whole work, so that the Dutch translation will form four volumes. The part we have seen is very elegantly gotten up, and the publisher writes that it

has been received with great favour by the profession in Holland. Prof. Gross has reason to be gratified at the superior style in which his work is offered to his brethren abroad, and also with the flattering reception it has met with.

FOREIGN INTELLIGENCE.

Treatment of Drowning.—The following rules have been just issued by the Royal Humane Society. They are stated to be "the results of the labours of the committee of the Royal Medical and Chirurgical Society of London."

DIRECTIONS FOR RESTORING THE APPARENTLY DEAD.—*I. If from Drowning or other Suffocation or Narcotic Poisoning.* Send immediately for medical assistance, blankets, and dry clothing; but proceed to treat the patient *instantly*, securing as much fresh air as possible.

The points to be aimed at are: first, and immediately, the restoration of breathing; and, secondly, after breathing is restored, the promotion of warmth and circulation.

The efforts to restore life must be persevered in until the arrival of medical assistance, or until the pulse and breathing have ceased for at least an hour.

TREATMENT TO RESTORE NATURAL BREATHING.—*Rule 1. To maintain a free Entrance of Air into the Windpipe.* Cleanse the mouth and nostrils; open the mouth; draw forward the patient's tongue, and keep it forward; an elastic band over the tongue and under the chin will answer this purpose. Remove all tight clothing from about the neck and chest.

Rule 2. To Adjust the Patient's Position. Place the patient on his back on a flat surface, inclined a little from the feet upwards; raise and support the head and shoulders on a small firm cushion or folded article of dress placed under the shoulder-blade.

Rule 3. To Imitate the Movements of Breathing. Grasp the patient's arms just above the elbows, and draw the arms gently and steadily upwards, until they meet above the head (this is for the purpose of drawing air into the lungs); and keep the arms in that position for two seconds. Then turn down the patient's arms, and press them gently and firmly for two seconds against the sides of the chest (this is with the ob-

ject of pressing air out of the lungs. Pressure on the breast bone will aid this.)

Repeat these measures alternately, deliberately, and perseveringly, fifteen times in a minute, until a spontaneous effort to respire is perceived, immediately upon which cease to imitate the movements of breathing, and proceed to induce circulation and warmth (as below.)

Should a warm bath be procurable, the body may be placed in it up to the neck, continuing to imitate the movements of breathing. Raise the body in twenty seconds in a sitting position, and dash cold water against the chest and face, and pass ammonia under the nose. The patient should not be kept in the warm bath longer than five or six minutes.

Rule 4. To Excite Inspiration. During the employment of the above method, excite the nostrils with snuff or smelling-salts, or tickle the throat with a feather. Rub the chest and face briskly, and dash cold and hot water alternately on them.

The above directions are chiefly Dr. H. R. Silvester's method of restoring the apparently dead or drowned, and have been approved by the Royal Medical and Chirurgical Society.

TREATMENT AFTER NATURAL BREATHING HAS BEEN RESTORED.—*Rule 5. To Induce Circulation and Warmth.* Wrap the patient in dry blankets, and commence rubbing the limbs upwards, firmly and energetically. The friction must be continued under the blankets or over the dry clothing.

Promote the warmth of the body by the application of hot flannels, bottles or bladders of hot water, heated bricks, etc., to the pit of the stomach, the arm-pits, between the thighs, and to the soles of the feet. Warm clothing may generally be obtained from bystanders.

On the restoration of life, when the power of swallowing has returned, a teaspoonful of warm water, small quantities of wine, warm brandy and water, or coffee, should be given. The patient should be kept in bed, and a disposition to sleep encouraged. During reaction large mustard plasters to the chest and below the shoulders will greatly relieve the distressed breathing.

II. If from Intense Cold. Rub the body with snow, ice, or cold water. Restore warmth by slow degrees. In these acci-

dents it is highly dangerous to apply heat too early.

III. *If from Intoxication.* Lay the individual on a bed with his head raised. The patient should be induced to vomit. Stimulants should be avoided.

IV. *If from Apoplexy or from Sunstroke.* Cold should be applied to the head, which should be kept well raised. Tight clothing should be removed from the neck and chest. Stimulants should be avoided.

Appearances which Generally Indicate Death. There is no breathing or heart's action; the eyelids are generally half closed; the pupils dilated; the jaws clenched; the fingers semi-contracted; the tongue appearing between the teeth, and the mouth and nostrils are covered with a frothy mucus. Coldness and pallor of surface increases.—*Brit. Med. Journ.*, Sept. 12, 1863.

Deaths from Chloroform.—Four cases of death, following the administration of chloroform, are recorded in late English journals. Ellen Smith, 16 years of age, died recently from the effect of chloroform, administered by Mr. Gay, of 10, Finsbury Place. The chloroform was administered at the request of the deceased, who was desirous of undergoing an operation. Everything necessary was done for the patient's safety, except that her pulse was not continually kept in the hand of Mr. Worley, Surgeon of Hoxton, while he was administering the chloroform under Mr. Gay's superintendence. After a long consultation, however, the jury, at the inquest, returned a verdict "that Ellen Smith died from the effects of chloroform, and that there was no blame attached to the medical men."

Another case has occurred in the practice of Dr. Blackmore. The subject of it was a young woman, named Emily Luther, suffering from fistula. At the inquest Dr. B. stated that the chloroform was administered on a handkerchief, which "he placed on her face; she inhaled it freely and was soon under its influence, but struggled slightly while she was insensible. The whole quantity of chloroform taken was four drachms and a half. She was insensible for about six or seven minutes. The chloroform was quite pure, and of the usual specific gravity. As she became insensible I commenced the operation, which lasted two or three minutes. The handkerchief was removed before the operation. At the

termination of the operation I found she had revived; her respiration became gradually slower, and ceased in about three minutes. I applied cold water to the face, administered sal volatile, used the galvanic apparatus, and had recourse to Dr. Marshall Hall's plan for procuring artificial respiration, without effect."

On the 23d of Sept. a man died under chloroform in the London Hospital; and on the following day another under the same influence at St. George's.

Dr. Charles Kidd, in a letter to the editor of the *Dublin Med. Press.* (Nov. 4, 1863), states that he has attested details of 150 deaths from chloroform.

Iridectomy.—There is doubtless, to a certain extent, a fashion in surgical operations, just as there is a fashion in drugs; and we have no doubt that the fashion rules in ophthalmic as in all other branches of surgery. Our opinion is asked of iridectomy. We can only speak of it from what is reported of it; but certainly, unless report be a very false guide, iridectomy must be considered as of the fashionable sort of operations.

In proof of this, if we are rightly informed, for example, it is an operation which is much more rarely performed now than it was when first introduced amongst us. Some first-rate ophthalmic surgeons have, we believe, never performed it at all; and others, again, who have done so, now no longer resort to it or admit it into their practice. Again, we have heard one celebrated eye-surgeon say, that he believed that twenty years hence the operation will be a mere matter of history. Of course it is, on the other side, difficult not to accept as a fact, that great benefits sometimes result from the operation; otherwise it would not be so highly praised by great authorities.

In this dissonance of opinion, as impartial observers, we can only say, that we think the real value and purposes of the operation have yet to be clearly laid down and more definitely described. There is, apparently, some mystery still enveloping the *rationale* of iridectomy. Every one knows and understands why an opaque lens is extracted or broken up; but the benefits of iridectomy are not so patent and comprehensible to the general observer.

We must suppose that a difficulty some-

times occurs in surgery as well as in medicine respecting the relation of the antecedent to the sequence. It may be, in this matter of iridectomy, that the operation (though the antecedent) is not always the cause of the beneficial results which follow its performance. However, we can only suggest, that materials must surely be now sufficiently abundant to afford surgeons an opportunity of coming to something like a consistent opinion on this important point. We regard the operation as we should a drug; and if we find that one set of qualified observers see no virtue in it, and that another set of equally qualified see it full of excellence, we reasonably conclude that the actual and real value of the article has yet to be determined.—*Brit. Med. Journ.*, Sept. 26, 1863.

Hereditary Cataract.—DR. FROBELIUS related to the St. Petersburg Medical Society a case of cataract, as observed in the fourth generation, expressing his opinion that the affection may be hereditary. Indeed, several interesting cases have been related by Beer, Lusardi, Arlt, etc. According to the last named author, we may regard cataract as hereditary, when the same form of the disease (according to him, soft lenticular cataract) is observed affecting both eyes at the same epoch of life, this not being in old age, but during the first half of life. The instance adduced by Dr. Frobelius was the following: M. F. was twice married. By the first wife, whose eyes were healthy, he had two children, whose eyes, as well as those of their children, were not defective. His second wife became, in her sixtieth year, the subject of cataract, which was operated upon; and she lived, having the use of her eyes, until her eightieth year. She bore twelve children, of which number four became the subjects of cataract, the remainder of the family, as well as their children, having good eyesight. Of the four the subjects of cataract, the following account is given: 1. Amalie F. married into a family in which cataract was unknown, and was operated upon when near 69 years of age. She had a son, Reinhold, who was very early blind, and twice operated upon without success. Reinhold also had a son, who became cataractous in childhood, and was operated upon with success. A sister of Reinhold had a daughter who became the subject of cataract in her tenth

year, and was operated upon with success. 2. Louisa F. married into a family in which cataract had not appeared. In old age she had cataract, and died without any operation. Of her eight children, two had become cataractous by the thirtieth year of their age. 3. Natalie F. had feeble sight, and of her four children one suffered from cataract. 4. George F. was operated on with success for cataract in his old age. He had ten children, and of these three had cataract while young. Of the great grandchildren, none have as yet exhibited cataract. The author believes these twelve cases suffice to prove the hereditariness of the affection, although the cataract has not always assumed the same form, or appeared at the same age.—*Med. Times and Gaz.*, Aug. 8, 1863, from *St. Petersb. Zeitschr.*, vol. ii.

Tetanus of New-born Infants.—MR. HAVIEUX thus sums up an interesting paper giving an account of two cases of this affection: 1. New-born infants are liable to an affection presenting all the characters of true tetanus, which must not be confounded with tetaniform eclampsia. 2. It manifests itself by tetanic rigidity of all the muscles; is accompanied by the phenomena of asphyxia; lasts from one to five days, and terminates almost always fatally. 3. Anatomically, it consists in an apoplectic condition of the cerebro-spinal membranes, especially the spinal, and in visceral congestions due to the asphyxia. 4. Among the most probable predisposing causes may be mentioned the non-maturity or imperfect development of the fœtus, while the action of cold, under its different varieties, is the determining cause. 5. The preventive treatment consists in adopting precautions against cold, and the curative in the employment of local bleeding, especially by cupping.—*L'Union Méd.*

A Cause of Bronchitis.—It has been found, in France, that the use of threshing and winnowing machines has produced an immense amount of bronchitis and disease of the throat and chest among the labourers employed, who are exposed to an atmosphere charged with dust, which affects them so powerfully, that in some parishes there are whole families of confirmed invalids. To such an extent has the evil gone, that the *maires* have issued an order that the labourers employed near this machinery

must work in veils.—*Brit. Med. Journ.*, Sept. 26, 1863.

Auscultation of the Head.—We find the following unhandsome (not to use a harsher expression) remarks in the *Medical Times and Gazette* of the 27th June last, in a notice of a work by M. H. Roger, M. D.

"About twenty years ago, a kind of hoax was perpetrated on the medical profession by two American physicians—Drs. Fisher and Whitney—who pretended that they had discovered a series of morbid sounds by auscultation of the head of children and adults, and promised that the ear should be as available for detecting disease in the brain as it is in the chest. The universal experience of physicians soon showed that all this was futile."

Now, it is proper to state that two more conscientious and careful observers than the late Dr. Fisher and Dr. Whitney are nowhere to be found. They were altogether too honourable to desire to deceive their brethren. That they may have been mistaken is possible, but English physicians have not always been infallible in their observations. The new editor of the *Journal* we quote from, we regret to say, seems to us to seize every opportunity to asperse and misrepresent the profession of this country, and to exhibit a spirit of ill feeling but little worthy of a man of science and of a practitioner of the healing art.

Nor is this malevolence peculiar to the *Journal* in question, we regret to have to say. We scarcely take up a number of an English Medical *Journal* which does not exhibit the same feeling. The transactions at the Williamsburgh, Virginia, Insane Asylum so disgraceful to the humanity of the Confederates and highly honourable to the Federals, is utterly misrepresented in the *London Lancet*, and the occasion taken to vituperate our country. Even that respectable journal, the *British and Foreign Medico-Chirurgical Review*, in its last number, shows something of the same disposition, and goes out of its way to say unkind things of us. The review of the reports of our Sanitary Commission—which, by the by, we must do the writer the justice to say is complimentary—closes with a sentence which it could not be supposed would be agreeable; and in the Review, in the same number of Dr. Elsberg's paper, on the "Domain of Medical Police," the writer indulges in the follow-

ing remarks, which are as offensive as they are destitute of any foundation in fact:—

"But it would be almost impossible to place medical police in a point of view more opposed to our insular notions than a German physician, Dr. Elsberg, has done for the benefit of his adopted country. Possibly, the forcible suppression of liberty in the Federal States of America, may have encouraged our author to show cause for State control of a far more justifiable kind than President Lincoln's despotic efforts to crush freedom of thought and speech."

We have not before noticed the ungenerous criticisms of our brethren on the other side of the Atlantic, for we believe that a medical journal is not the place to discuss political questions. We therefore trust that our English contemporaries will yield hereafter a less ready credence to the misrepresentations of Southern emissaries, and leave political disquisitions to their appropriate arena.

Treatment of Wounded Prisoners by the Federals and by the Rebels.—We extract the following statement made by a correspondent of the *London Medical Times and Gazette*, and published in the number of that *Journal* for Aug. 8, 1863. We do not know who is the writer of the letter, but the whole tone of the communication shows that the author is not a partisan.

The letter is dated near Gettysburg, July 17th.

"The rebel wounded in our charge have fared, so far as comforts and attention went, as our own men fared. Before our supplies came up they made no complaints, after their arrival they declared they had not had such a gay time since their Confederacy commenced to exist. The surgeons, in bringing their cases to the table, never examined previously if a man wore blue pants or gray, but looked simply at the nature of the wound. Had they been within their own lines they could not have been so well attended to. I have seen now Confederate wounded in the hands of the Federals, and Federal wounded in the hands of the rebels, and I cannot but say that in acting the good Samaritan the north bears off the palm. At Chancellorsville battle the rebels removed their wounded to be cared for at Richmond, leaving the 1200 northern wounded to lie upon the field. The rebel soldiers near them gave them what

help they could, but the rebel government did nothing—but confiscate the captured surgeon's cases and hospital knapsacks, looking upon them as Government property. On the misery being represented to those in authority, sugar, flour, bacon, and hard bread were plentifully issued to the wounded. This was all, they said, they could give, because it was all they had. Still, they could have done more; they could have removed these 1200 men to Richmond along with their own wounded, to fare as they fared; they could have sent a detail of surgeons from their army at Fredericksburg to attend to them; and from Richmond—only a couple of hours away by rail—straw, at least, might have been sent for them to lie upon. What would have been said had the Unionists acted similarly at Gettysburg?—had they removed their own wounded by rail, and left 10,000 rebels to lie upon the field with simply hard bread, bacon, sugar, and flour to sustain them, and with no surgical assistance save the dozen medical men whom Lee sent over to take care of them? Had this been done, God help the Yankees! we would never have heard the end of it."

Typhus fever in London.—Typhus fever, it seems from late accounts, has been on the increase in London and is now very prevalent. In June of the present year there were 89 patients admitted into the London Fever Hospital; in July, 123; in August, 115; in September, 173; and in the period from October 1 to October 20, 159. On August 31 there were 80 patients in the Hospital; on September 30, 134; and from October 9 to 20th the number had risen to 180. Since October 9 the woman's side of the Hospital has been quite full, and the man's side nearly so. Patients have daily been refused admission, and the increase of fever cases has been so marked and so rapid that the Physicians have thought it necessary to urge on the Committee of the Hospital the propriety of erecting a shed to accommodate 60 extra patients.

Resignation of Professor Trousseau.—Prof. TROUSSEAU has offered his resignation as Clinical Professor in the Faculty of Medicine which he has so ably filled for upwards of thirty years, being, he says, now turned of 62, and because to perform

the duties of the chair, as he has always done, will demand an amount of labour for which his strength and activity will not much longer suffice. The students, however, are not willing to part with their professor, and have petitioned the Minister of Public Instruction not to accept the resignation.

Syphilis conveyed by Vaccination.—Two instances of this have lately occurred in Paris. One of these was related to the Surgical Society of Paris by M. Chassaigne; and the other by M. Hirard to the Medical Society of Hospitals.

Poisonous Properties of Thallium.—M. LAMI, through Mr. Dumas, tells the Academy of Sciences that thallium—one of the new bodies discovered through spectral analysis—has poisonous properties. A very small quantity suffices for the destruction of dogs, rabbits, and fowls. The chief symptoms are intestinal pains, tremblings, paralysis of lower extremities, and death. M. Lami was led to consider thallium a poison, in consequence of having experienced, during his preparation of it, symptoms which were new to him, and amongst them, a remarkable feeling of weariness. Its presence in the body is readily shown. A portion of any part of the body poisoned by it, not bigger than a pea, is enough for the analyst. Its presence will be instantly disclosed by spectral analysis. We shall hear more of this, no doubt; for M. Lami has presented M. Bernard with a quantity of thallium for experiment—the society for the protection of animals notwithstanding. We need hardly add, that thallium will be rapidly introduced into the practice of medicine. We shall now every day expect the announcement from some *confrère* of the wonderful "effects of thallium" in epilepsy or some other like incurable disease, with, of course, a list of cases distinctly illustrative of the statements and belief of the author.—*Brit. Med. Journ.*, Sept. 13, 1863.

Scarlet Fever in England.—London is at present suffering from a more formidable epidemic of scarlet fever than has prevailed there for upwards of twenty years, and the disease is rife all over England. Of the total number of deaths in London during the first eight months of the present year, one in every fourteen was due to scarlatina.

Longevity in Scotland.—Mr. WATFORD stated at the late meeting of the "British Association for the Advancement of Science—Department of Public Health" that he was of opinion from official and other returns before him, and from a careful consideration of facts, that during the present century from 1800 to 2000 persons had died in Scotland aged "one hundred and upwards." He had compiled a list of these to the extent of several hundreds; and amongst these were two at 180, three at 140, one at 137, one at 136, one at 134, one at 132, several at 130, and so on downwards to a century. The greatest ages occurred in the Western Isles. In the list compiled, the towns contributing most largely are: Edinburgh, 36; Aberdeen, 35; Inverness, 26; Lanark, 24; Perth, 17; Fife, 12. Many of the male centenarians mentioned had fought in the battles of Killcrankie, Sheriffmuir, Culloden, Falkirk, and Prestonpans. The case of Peter Gordon was particularly referred to; he died at Auchterless, Aberdeenshire, in 1775, aged 131 years. He lived under no less than ten rulers—viz., Charles I., Oliver Cromwell, Richard Cromwell, Charles II., James

II., William and Mary, Anne, George I., George II., George III. A portrait of him is carefully preserved in the Museum of the Perth Antiquarian Society. Speaking of longevity in families, the paper noted the case of the Macdonalds in Edinburgh. Peter Macdonald died here in 1772, aged 109; his father died aged 116; his grandfather aged 102; and some of their later descendants had died at ages above a century. Generally the writer adopted the dictum of the Census Commissioners for 1851—"The prolongation of the people must become an essential part of family, municipal, and national policy."—*Social Science Review*.

Receipt for a Deep Black Ink.—The *Chemical News* gives the following recipe, which may be useful to our country readers: Take 14 ounces of powdered galls, 5 ounces of powdered gum Senegal, 6 quarts of distilled or rain water, 6 ounces of liquor of green vitriol free from copper, 1 drachm of liquor of ammonia and 8 ounces of spirit of wine; mix these in an open vessel, and allow them to stand, stirring frequently, until the ink attains the desired blackness. This ink will not corrode steel pens.

PUBLISHERS' NOTICE.

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In the present number is concluded the treatise on Asthma, by Dr. Salter, which has occupied the Library Department during the year 1863, and has given so much satisfaction to subscribers. In the number for January, 1864, will be commenced

CONSUMPTION: ITS EARLY AND REMEDIABLE STAGES.

BY EDWARD SMITH, M.D.

PHYSICIAN TO THE BROMPTON CONSUMPTION HOSPITAL, ETC.

A work of high practical character (see review in the "*American Medical Journal*" for January 1863), the completion of which may be expected in the year 1864. Subscribers desirous to secure it should lose no time in forwarding their subscriptions.

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